



**APPLICATION FOR BUSINESS LICENSE**  
 SEND YOUR CHECK MADE PAYABLE TO THE CITY OF COSTA MESA  
 TREASURY MANAGEMENT DIVISION, PO BOX 1200, COSTA MESA, CA 92628-1200  
 (714) 754-5234 • TDD: (714) 754-5244  
 www.ci.costa-mesa.ca.us

**Business Name** \_\_\_\_\_  
**Parent Company Name** \_\_\_\_\_  
 (If Corporate Owned)

Note: Business address will be compared to zoning requirements before approval. Check with the Planning Division regarding the use of the location at (714) 754-5245.

**Business Address** \_\_\_\_\_  
 (Cannot be a P.O. Box) Street # Street name Unit # City State Zip

**Mailing Address** \_\_\_\_\_  
 (Can be a P.O. Box) Street # Street name Unit # City State Zip

**Business Telephone #** ( ) \_\_\_\_\_ **Costa Mesa Business Start Date** \_\_\_\_\_ **No. of Employees (on average)** \_\_\_\_\_

**Ownership** (Check One Only)  
 Sole Owner     Corporation     Partnership     Husband & Wife Co-ownership     Limited Liability Company  
 Limited Liability Partnership

**Seller's Permit No.** \_\_\_\_\_ **Contractor's State No. & Class** \_\_\_\_\_  
 (If Applicable) (If Applicable)

**Federal Employer ID # or, Owner's Social Security #** \_\_\_\_\_ **Hours of Operation (M-F)** \_\_\_\_\_ **(S-SU)** \_\_\_\_\_  
 (Commercial/Industrial Only)

**OWNER'S OR PRINCIPAL'S NAME(S)**

<b>Name</b> _____	<b>Name</b> _____
<b>Home Address</b> _____	<b>Home Address</b> _____
<b>City</b> _____ <b>Zip</b> _____	<b>City</b> _____ <b>Zip</b> _____
<b>Telephone #</b> ( ) _____ <b>Title</b> _____	<b>Telephone #</b> ( ) _____ <b>Title</b> _____
<b>Drivers License No.</b> _____ <b>DOB</b> _____	<b>Drivers License No.</b> _____ <b>DOB</b> _____

**TYPE OF BUSINESS**

**Please Check One:**  
 Wholesale    Retail    Manufacturing    Services  
 Non-Profit    Administrative Only    Warehouse    Other

**Standard Industrial Class Code (SIC)** \_\_\_\_\_  
**Alcohol Beverage Control Permit No.** \_\_\_\_\_  
 (If Applicable)  
**Number of Rental Units/Rooms/Spaces** \_\_\_\_\_  
 (If Applicable)  
**Secondhand Dealers and/or Pawn Brokers License Required:**  
 Yes     No

**CHOOSE ONE OF THE APPROPRIATE FEES BELOW**

**GENERAL BUSINESS**  
 (wholesale, retail, professional, etc.)

Enter Annual Gross Receipts Amount \$ \_\_\_\_\_

And Circle the corresponding category below

Annual Gross Receipts	Tax
\$0.00 to 1,000.00	\$0.00
\$1,000.01 to 25,000.00	\$25.00
\$25,000.01 to 40,000.00	\$35.00
\$40,000.01 to 75,000.00	\$45.00
\$75,000.01 to 200,000.00	\$60.00
\$200,000.01 to 500,000.00	\$100.00
Over 500,000.00	\$200.00

**SHOW, EXHIBITION, SWAP MEET** Tax on the Promoter's Gross Receipts from the Gross Receipts schedule to the left .....  
 Enter the tax due amount here \$ \_\_\_\_\_  
**PLUS** ..... (# of sellers \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_)  
**EQUALS** ..... Total Tax Due \$ \_\_\_\_\_

**ADMINISTRATIVE OFFICES/WAREHOUSES**  
 (Fees based on annual operating expenses when no receipts generated)  
 Enter annual operating expenses amount \$ \_\_\_\_\_  
 Use Gross Receipts schedule to the left to determine business license tax.

**VEHICLE WHEEL, TOW TRUCK, BUS**  
 Number of Vehicles: \_\_\_\_\_ x \$25.00 = Total Tax Due \$ \_\_\_\_\_

**CONTRACTOR**  
 (California Licensed) Total Tax Due **\$50.00**

**TAXI CABS**  
 Taxi Cab: \_\_\_\_\_ Total Tax Due **\$ 50.00**

**TAX EXEMPT ORGANIZATIONS**  
 Attach proof of Tax Exempt Status (required for waiver of tax due)

Will you store, handle or use 55 gallons, 500 pounds or 200 cubic feet of hazardous materials per year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you have an assembly room with an occupant load of 50 or more persons? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you be installing a spray booth? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will your business produce dust/wood shavings or other material? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you be storing or using flammable or combustible liquids or compressed gases? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you be warehousing materials higher than 12 feet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fire Department approval required for any "Yes" answer. Please make an appointment by calling (714) 327-7400.

Your Business License will be issued under the provisions of Municipal Code Section 9-1. You are cautioned that this License does not permit operation of a business in violation of other Municipal Code Sections. There will be no tax refund if you are found operating illegally after the Certificate has been issued. Your business location will be checked by Planning, Building, and, if necessary, Fire Department officials. If you have any doubt whether your business location and/or building may conform with the requirements of the Municipal Code administered by these departments, you are urged to contact these departments for further information before filing your application. \*\* Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing or visiting the nearest State Board of Equalization. \*\* I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that acceptance of payment does not constitute approval of the Business License. Authorization to conduct business is not granted until issuance of the license.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FOR CITY OFFICE USE ONLY

Planning Approval \_\_\_\_\_ Date Approved \_\_\_\_\_ CUP Required? \_\_\_\_\_ CUP # \_\_\_\_\_